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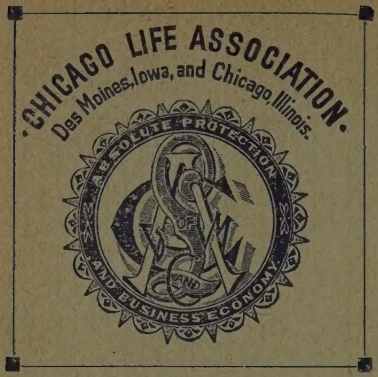

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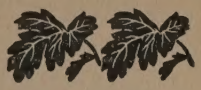

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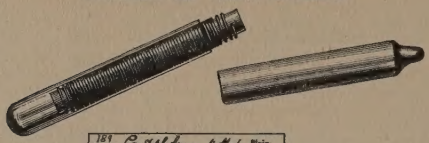

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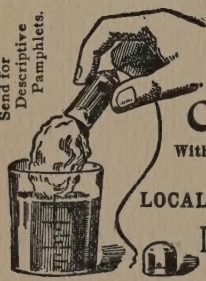

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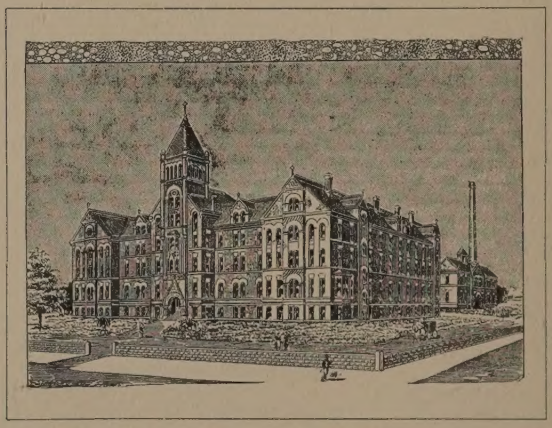

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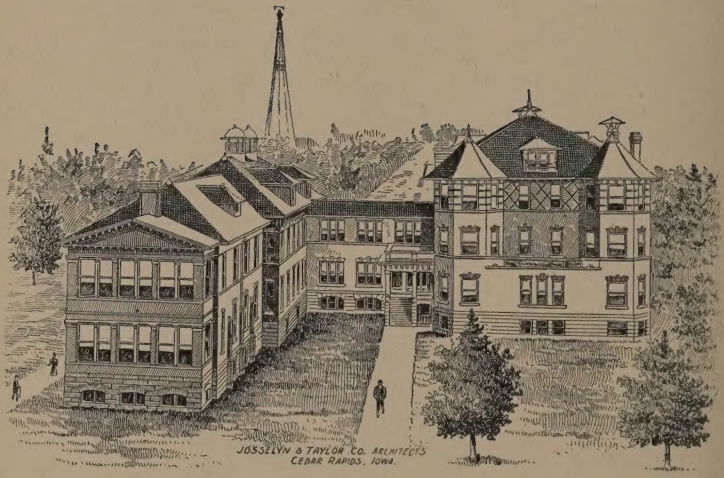

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MEDICINE.

UNDER THE CHARGE OF

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Professor Theory and Practice of Medicine, Iowa State University, Iowa City, Iowa.
AND G. A. SMITH, M. D., *Clinton, Iowa.*

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SOME PERSONAL OBSERVATIONS ON SCARLET FEVER.

By E. F. Cowger, M. D., Riverton.

IN THE preparation of this paper the intention has been, not to present new facts and theories, but rather to confirm some of those which have already been advanced. I take it for granted that the members of this society are already well acquainted with the history, symptoms and general course of scarlet fever, consequently I shall not enter into a long description of the disease, but will content myself by noticing a few points connected with the subject; and in doing this, will give my personal experience with regard to the special points under consideration. I will say that for convenience I have selected and will name four different branches of the subject, that will be noticed in detail in the paper.

First. I shall notice the different terms used to designate the disease.

Second. The forms or grades which the disease assumes.

Third. The different modes by which the contagious principle may be conveyed.

Fourth. Some thoughts will be given on the treatment.

The term scarlet fever is good, strong, vigorous and plain English, and, in my opinion, is the term that physicians should use when conversing with the laity, this disease being the subject

Read before the Southwestern Iowa Medical Association, August 15th, 1895.

under consideration, as every one will probably understand better what is meant when that term is used.

The terms scarlatina and scarlet rash are not well understood by the people generally. Even some medical men have not been clear as to their meaning, and have believed that there was a difference in the meaning of the three terms as used; that the terms scarlatina and scarlet rash both indicate and mean a mild form of scarlet fever, consequently the necessity for the ordinary care used in that disease can be dispensed with in these milder forms.

It should be understood, not only by medical men, but by the laity, that the terms scarlet fever, scarlatina and scarlet rash are identical, and as J. Lewis Smith says, on page 471 of his work on "The Diseases of Children," they are "employed to designate one of the most frequent and fatal of the zymotic diseases."

To illustrate: A number of years ago I was called to see a little girl in the town where I then resided. I visited the patient and found her suffering from scarlet fever in a mild form, all the characteristic symptoms being present. I informed the family that such was the case, and, in accordance with the law, I reported the case to the mayor of the town, who ordered the health officer, a young gentleman of ordinary medical attainments, who was a graduate of one of the leading medical colleges of the country, to investigate and take the necessary action in the case. The health officer visited the patient (in my absence) and examined her, then gravely informed the family that the disease was not scarlet fever, but that it *was* scarlatina and non-contagious. There was some discussion over the point between the health officer and another physician in the town, who convinced the health officer that the terms scarlet fever and scarlatina were identical, when the health officer then said the disease was scarlet rash, but still non-contagious; and not only so informed the family, but published a notice to that effect in a local paper. The result of this mistake was, the disease spread in the town and assumed an epidemic form, and we had in all twenty-seven cases, all directly traceable to this one. The disease did not prove fatal in any of these cases, but in two of them it was followed by nephritis, which was a very grave sequel in both patients.

I will remark, in passing, that there is no doubt in my mind that had this case been properly isolated by quarantine, the disease would have been confined to the family in which it first made its appearance in the town, from the fact that as soon as proper quarantine was established, the disease was immediately checked, and no new cases developed.

I will now notice the second branch of my subject, namely, "The forms or grades which the disease assumes."

Scarlet fever is essentially a contagious disease. Cases occur so mild as to be almost unrecognized; the patient being scarcely ill enough to complain. From so mild an attack as this the disease assumes so severe a type that death ensues within the short period of twenty-four hours from the commencement of the attack. Between these two grades all degrees of gradation may be found.

Medical writers usually recognize three grades, namely, simple, irregular and malignant, but these three grades may be sub-divided almost indefinitely, as we scarcely ever find two cases exactly similar. I can best illustrate by giving the history of two cases which came under my observation during a slight epidemic of the disease, which occurred last spring in the town where I reside.

These cases occurred in a family where there were three children liable to contract the disease, one a boy of nine years, and a boy and a girl each five years of age, twins. The little girl attended church on Sunday evening and occupied the same seat with another little girl of a neighboring family, who was having a mild attack of the disease, which was at that time in the eruptive stage. Some time during the following week the twin girl was slightly ill, the scarlet eruption appearing with some fever for a day, with the characteristic sore throat in a very mild form. The parents did not consider the child's sickness of sufficient importance to call in a physician, and did not do so. This child was at no time ill enough to go to bed and scarcely ill enough to require her confinement to the house. I will state here that the boy mentioned as being nine years of age was not at home during the time that the other two children were sick.

Eleven days after the little girl was attacked her twin brother came down with the disease, which at once assumed the malignant type. He was attacked Wednesday and I was called to see him

late Thursday evening. From notes taken at the time the following is the history of the case: The boy came down suddenly, having a very high fever, with intense headache, and very soon after the attack commenced, he vomited two or three times within a very short period. He was very nervous and had slight convulsive movements just before I was called to see him. When I examined him at my first visit his temperature was 105.8. There existed a severe pharyngitis. The eruption had appeared and at that time almost covered the entire body, and was of a dusky brown color. The skin was rough, dry and thickened. The tongue was coated with a brownish white fur posteriorly and was red anteriorly, with great enlargement of the papillæ, this condition of enlarged papillæ being especially well marked at the end and around the edges of the tongue. The nervous system was profoundly affected, the patient at this time being in a semi-comatose condition, with frequent involuntary contractions of the muscles of the body. At my next visit, Friday morning, the temperature was 106.2°, and continued at about that point until death closed the scene the next Monday, at 1 o'clock P. M. There is no doubt that this boy contracted the disease from his sister (as they were together constantly), who had the disease in its mildest form, while he had the disease in the malignant form. This teaches that a case of scarlet fever, be it ever so mild, should be isolated and every precaution taken, the same as in more severe cases.

The oldest boy remained away from home until after thorough disinfection of the premises, which was done under my personal supervision and direction, as follows: The paper was removed from the walls of the room in which the children were sick; everything in that room that could be burned was destroyed by fire; the walls were washed down with a strong solution of carbolic acid, one ounce to the pint; every room in the house was thoroughly fumigated with burning sulphur for forty-eight hours.

All the clothing, bed furniture and carpets, that could not be scalded in boiling water was thoroughly saturated with a strong solution of carbolic acid, and all the clothing that could be washed, was washed and scalded in boiling water; in short the persons, clothing, furniture and walls of the room, were thor-

oughly disinfected, and in a few days afterwards, the boy who was absent, returned home, and remained well.

I now come to the third branch of my subject, namely : "The different modes by which the contagious principle may be conveyed."

My experience had been, and my opinion is, that the contagium of scarlet fever is not ordinarily conveyed in the atmosphere at any great distance, that the disease as it is found in small towns and in the country, is always contracted by personal contact. I can imagine, that in closely crowded cities where the disease is epidemic that the air could be so contaminated by the contagious principle, that it could be contracted by living in such atmosphere without personal contact ; but in small towns and in the country I do not believe that such a condition could exist.

Scarlet fever, then, is a disease which ordinarily is only contracted at short distances, say not more than a few yards, and the contagious principle must be present and conveyed in some manner other than the atmosphere.

It has been demonstrated without a doubt that the disease germs can be carried in the clothing, in the hair and whiskers, and can be conveyed great distances by a common, ordinary letter. That the contagium is long lived and dangerous for one year at least.

A number of years ago I was called to see a boy five years of age, sick with scarlet fever. There were four children in the family, ranging from nine years to five months of age, all of whom were liable to the disease.

The family lived on a farm, the residence being just one-half a mile from any public road, the nearest neighbor living three-fourths of a mile away. The family had occupied the house for several years. There had been no case of scarlet fever in the neighborhood nor in that section of the country for at least three years, and there never had been a case in this house before. The mother was a very intelligent woman and when I pronounced the case one of scarlet fever she disputed the diagnosis, giving as her reason for so doing that she had always understood that "the disease had to be caught." I informed her that her understanding of the question was correct.

She then said that it was impossible for the disease to be scarlet fever, as her children had not been off the place for over two months, and that no one had been to the house who could under any circumstances have conveyed the disease to them.

I informed her that I could not account for it, but that the disease was scarlet fever. This child had an ordinary attack of the disease, and on the seventh day after he came down, the two older children were attacked. I was again sent for and when I arrived at the house the mother met me and said, "Doctor, I will have to acknowledge that I was mistaken, but I would certainly like to know how my children caught this disease?" She went on to say that "I have not heard of a case anywhere in this country, but I have a brother in Illinois, whose family have had the disease, and they lost a little boy just the age of David" (the boy who was first attacked). I inquired how she got her information. She said, by letter received a few weeks ago.

On close inquiry I found that the letter was received about one week before the first child was sick, also that in addition to the letter, a photograph of her brother's child, who had died, was enclosed in the letter, and the boy who first had the disease, handled the picture a great deal. To my mind this circumstance is conclusive evidence that an ordinary letter can be, and sometimes is, the medium by which the contagium of scarlet fever is carried from one family to another. I will say that the five months' old babe, although constantly in the same room with the other children, and I myself noticed it twice lying on the same bed with them, yet it did not contract the disease.

The fourth and last point I wish to notice is "Some thoughts with regard to treatment."

In ordinary mild cases very little treatment is necessary, consequently I shall confine myself to the more severe grades of the disease.

Scarlet fever being a self-limited disease we do not prescribe remedies with the expectation of curing the patient, but are compelled to treat the symptoms as they arise.

The high temperature always present in this disease has seemed to me to be the leading symptom and demands our attention first. From the rapid exhaustion of both the nervous and mus-

cular systems consequent upon a severe attack of scarlet fever, I do not believe that the so-called heart sedatives are either indicated or safe to administer.

The application of sponge baths of tepid water to the entire surface, thus cooling the body by evaporation, has usually been in my hands an effective measure for reducing the temperature of the patient. I direct the application to be made every hour or once in two hours, as is necessary.

In some cases, owing to very high fever, I have used the wet pack, using water but three or four degrees colder than the temperature of the patient's body, and have in that way been successful in reducing the temperature, after I had failed by the use of the ordinary sponge bath. I have never been brave enough to use cold water in these cases ; in fact, I believe such treatment to be dangerous and lacking in common sense.

It appears to me that the application of cold water would produce an undesirable shock, and thus be liable to do harm.

In connection with the sponge baths mentioned I direct that the patient shall be allowed all the iced water or iced lemonade necessary or desired. In almost every case scarlet fever patients complain of an intense itching and burning of the surface of the body during the eruptive period, which is so severe as to prevent rest. I have tried various remedies for the purpose of giving relief in this condition and the most effective in my hands has been equal parts of glycerine and water, which I order to be applied frequently. This preparation is clean and does not exclude the air from the surface, but on the other hand favors evaporation, and is very soothing to the inflamed and irritable skin.

With regard to internal remedies, supporting treatment in severe cases is always necessary. Such remedies as quinia, strychnia and the bitter tonics are always indicated, and alcoholic stimulants are generally necessary toward the termination of the disease, if not at an earlier period. A liberal diet of liquid food, such as milk, beef tea or beef extracts of the shops should be regularly administered.

For the nervous systems I rely on the bromides and Dover's powder. In conclusion, allow me to say, that in my opinion, the

best and safest course to be pursued in scarlet fever is (so far as it is possible) to prevent its occurrence. There is no contagious disease so easily prevented as the one under consideration. Owing to the short distance necessary to communicate its contagious principle its spread is easily controlled. Isolation by quarantine and thorough disinfection are certain to stamp it out if properly done, and in my opinion medical men fail in their duty if they do not advise and insist that the laws of the state with reference to quarantine, together with the rules and regulations of the state board of health on the same subject be fully enforced by the local boards of health in localities where the disease exists.

SURGERY.

UNDER THE CHARGE OF

LEWIS SCHOOLER, M. D., LL. D.,

Professor Surgery Iowa College Physicians and Surgeons, Des Moines, Iowa.

NOTES FROM A CLINICAL LECTURE.

By Lewis Schooler, M. D., Des Moines, Iowa.

YOU WILL all recognize this young man as the patient who was before us last Wednesday, and for whom we tried to reduce a dislocated hip. You will remember, also, that our efforts failed, and so far as I am able to determine, for some undiscoverable reason. It is true that the length of time the head of the bone has been displaced (four months) is an element not easily overcome — but as the head of the bone is easily placed over the site of the acetabulum, and as it is not likely that that cavity has become filled, and as solid as it *apparently* is, in so short a time, we must look about for some other reason.

The two principal objects of resistance in reductions of dislocations are the ilio-femoral ligament and the obturator internus muscle, but as we are almost certain that in this case, the tendon of the muscle does not surround the neck of the femur, and the manipulations having been snch as to relax that muscle as well as the tendon or ligament, we must assign some other cause.

Delivered at Cottage Hospital January 26, 1897.

We have, therefore, left only two other causes, provided our manipulations have been based upon correct principles, and properly executed. One, the small rent in the capsular ligament, making it difficult to return the head of the bone through the opening by which it passed out ; but as we have flexed, and forcibly abducted the limb for the purpose of enlarging the opening, and as we believe successfully, we will fall back upon our last defense or excuse, for failure in reducing this luxation — that is, fracture on the margin of the acetabulum. Whether or not that condition exists in this case, I cannot say.

Indeed, it is difficult to make a diagnosis of that character in any case largely on account of the thick muscular structures overlying this articulation, and the inability to grasp or even recognize the fragment. I am satisfied, however, from some previous experiences that these fractures occur more frequently than is generally supposed, especially where the dislocation is produced by a crushing force, as in this case. At any rate I have decided to do an arthrotomy in this case, not for the purpose of ascertaining the cause of failure of our efforts at reduction, but for the purpose of securing a more useful limb.

If we find that we can place the bone in its proper place, and retain it there with the usual motions of the joint, we will have accomplished all that can be desired, and the operation will be an ideal one. If we succeed in replacing the head of the bone with a resulting ankylosis, we will have accomplished a great deal, and I shall be well satisfied, as the improvement will be very great. If we find it necessary to resect the head of the bone in order to secure a better position I shall feel that even then we have done the proper thing, as the position of this limb is very bad and the deformity very great.

I now begin the incision about two inches above the upper margin of the acetabulum, and prolong it downward across that cavity. The incision is now about five inches long, and the structures are all divided down to the bone, and with the index finger of the right hand directed downward toward the bottom of the cavity, I find it is apparently filled with a hard substance, and the assistant, having now brought the head of the bone over the cavity, we are unable to force it down into its proper place. An

examination of the head shows the surface to be somewhat abraided and roughened. The inner side is considerably worn at the point where it has been in contact with the ischium.

The ilio-femoral ligament is extensively torn, being entirely separated except on the under surface. The tendon of the obturator internus is firmly attached and shows no indication of having been ruptured.

I have now had the limb rotated inward and adducted, in order to place the head of the bone behind the margin of the acetabulum, and a careful exploration by sight and touch reveals a fracture of the posterior margin one inch and three-quarters long and one inch in depth. The fragment is attached to the cotyloid ligament and lies in the bottom of the cavity. It is almost completely covered by the ligament and the granulating soft tissues, only one end being exposed. This is the hard substance which was felt a few minutes ago. I now lift it out, and replace the bone, which brings the limb into its normal position.

But as there is nothing that can be relied upon to hold it there we will sever the untorn portion of the ligament and resect the head of the bone by sawing through the neck at its juncture with the shaft. The head is displaced, the limb carried backward and rotated outward, it is now easy to remove the head. That being accomplished I lift up the fragment and sever its attachment.

The wound being now held open by retractors you see that the entire surface of the cavity is perfectly clear. There are no granulations or other evidences of an attempt on the part of nature to fill up the cavity. A drainage tube is now laid in the wound, extending to the bottom of the acetabulum.

I am not certain that this is necessary, but as there will be considerable serous effusion we will allow it to remain a few hours. One or two sutures brings the muscles together nicely and evenly. Therefore the wound will be cleansed and dressed in the ordinary way, and a long extension splint applied.

REPORT OF CASES ILLUSTRATING COMPLICATIONS OF PUERPERAL SEPSIS.

By Palmer Findley, M. D., Chicago.

THE following cases occurred in my service as resident gynæcologist of the Cook County Hospital, and are here reported in view of illustrating some of the unusual as well as some of the usual complications of puerperal sepsis. All were brought to the hospital by the police in an almost hopeless condition, and in each case a post mortem examination was made.

Case I. Post-abortive Endometritis, Surgical Kidney.—D. O.; age, 24; married; nativity, Denmark. Admitted to the hospital November 2, 1894. The patient was unconscious. No history could be obtained further than that she had an abortion performed upon her a few days before admission to the hospital. On admission the pulse was 108 and feeble; temperature, 96° to 98°; respirations, 24 to 26; very anæmic; skin dry; mucous membrane of the mouth sloughing and breath fœtid; there was a bloody vaginal discharge. Death occurred in a few hours. No operative interference was made because of the low condition of the patient. The post mortem findings included a gangrenous vaginitis and endocervicitis, sloughing and ulcerative endometrium, pyosalpinx of left side, recent corpus luteum of left ovary, purulent cystitis, suppurative ureteritis, and pyonephrosis of left kidney, which was honeycombed with small abscesses; the abdominal cavity was negative.

Case II. General Suppurative Peritonitis, Cystitis, Pyonephrosis.—L. M.; age, 17; single; Canadian. Was pregnant in the sixth week when she aborted; the abortion was criminal. Throughout the week following the operation she felt perfectly well, but at the end of the week she had a chill, rise of temperature, headache and anorexia. During the second week the temperature continued, the abdomen became distended, abdominal pains increased in severity, the bowels failed to move, and there was intense suffering from pain in the left inguinal region. In this condition the police brought her to the hospital. The uterine cavity was immediately explored and no retained products of conception found;

there was no odor to the uterine secretions. The abdomen was too distended to permit of a bimanual examination, and the condition of the patient too low to justify giving an anæsthetic for the purpose of making an examination or an exploratory incision. Death soon followed, and on post mortem examination there was found suppurative metritis, pyosalpinx of the left side, suppurative cystitis, pyonephrosis and general suppurative peritonitis.

Case III. Puerperal Sepsis, Lobar Pneumonia.—E. G.; age, 23; widow; nativity, American. When admitted to the hospital labor was in progress. A sloughing area, which could not be accounted for, was seen on the gluteal region. This was painted with tincture of iodine and protected with a sterilized dressing. Labor progressed normally. Two days later an alveolar abscess formed and later ruptured into the mouth. This was soon followed by pain in the region of the left nipple, cough, chill and rapid rise of temperature to 104°, and respirations 60. Physical examination revealed a consolidated left lower lobe. The uterine cavity was thoroughly curetted and supportive treatment given. The patient died the following week. Post mortem diagnosis: Septic metritis and septic lobar pneumonia.

Case IV. Pyæmia, Metastatic Pneumonia, Brain Abscess.—F. W.; age, 42; nativity, German; married. Gave birth to twins three weeks prior to admission to the hospital. Labor was soon followed by fever, chills and sweating. No reliable history could be obtained. An examination was made immediately after admission to the hospital; the tongue was dry, skin dry and harsh, mind obtunded. Along the course of the internal veins of both thighs there was severe pain, the veins were prominent and thrombosed. The uterine cavity was explored and found empty. There was no evidence of pelvic inflammation. Five days later the facial expression became pinched and a low muttering delirium developed. Then followed ptosis of the right eyelid and paralysis of the right side of the face; the reflexes slow but all present, the tongue cracked and covered with sordes. There were physical signs of lobar pneumonia of the left lower lobe and general bronchitis. Ecchymotic spots were found on the dorsum of the right foot. The heart tones were feeble. Death followed, and the post

mortem examination disclosed a septic pneumonia, general pyæmia and a brain abscess.

Case V. Suppurative Metritis, Malignant Endocarditis.—E. G.; age, 25; married; nativity, American. Was brought on a stretcher to the hospital November 1, 1894. The patient was in a low muttering delirium when admitted to the hospital, and no history of her illness could be gained except from a friend who was with her in her confinement, October 10, 1894. From her it was learned that no doctor or midwife was present at her confinement, but the child was safely born and the placenta saved for the inspection of the doctor, who said it was entirely and perfectly delivered. The third day following delivery she suffered from a chill, fever and sweating. This condition became more and more aggravated until she was admitted to the hospital, at which time the pulse was 160, temperature 105°, respirations 60. There was complete prostration, a low muttering delirium, pulse full, rapid and regular, respirations rapid and superficial, the skin dry and hot, tongue dry, furrowed and red, the apex beat one inch to the left of the nipple line, a confused systolic murmur at the apex, the lungs negative, the conjunctivæ tinged yellow, the pupils equal and responding slowly to light. Three days later there were added to the above symptoms retraction of the head, neck rigid and tender to pressure on the post cervical region, involuntary bowel movements and abdomen negative to physical examination. Death occurred five days after admission to the hospital, and was preceded by an axillary temperature of 106.4°. The post mortem findings were vegetative endocarditis of the mitral valves, petechial and ecchymotic spots over the mucous and serous surfaces, and a suppurative metritis.

Case VI. Pyæmia, Sloughing Submucous Fibroid, Double Pyosalpinx, General Suppurative Peritonitis.—A. V., negress; single; age, 30. Aborted two weeks before admission to the hospital; was in the fourth month of pregnancy. Examination: Temperature, 103.2°; pulse, 140; the uterus extending midway between the pubic and umbilicus, soft, irregular in outline and tender to pressure. The os was patulous and there was a foul smelling discharge from the uterine cavity. The patient was anæsthetized and the curette introduced with difficulty because of

an obstructing submucous fibroid which bulged into the uterine cavity from the posterior wall of the uterus. A sloughing mass of placental tissue was removed by the curette and the uterine cavity irrigated with bichloride of mercury solution 1-4000, followed by sterilized water. Because of the obstructing fibroid it was impossible to make a complete curettage. The septic condition became more intense. Two days from the date of admission a submucous fibroid the size of a small orange sloughed out and was expelled from the uterus, and was followed by a chill and a still greater rise of temperature. The next day a secoed fibroid was enucleated and expelled from the uterus. This event was followed by abdominal distention, a muttering delirium, collapse and death. Hysterectomy had been proposed, but refused by the patient. It was believed that the septic uterus and sloughing fibroids justified such radical surgical interference. The post-mortem findings included sloughing, gangrenous metritis, double pyosalpinx, general suppurative peritonitis following rupture of the left tube, and infected thrombosis of the ovarian and uterine veins. The streptococcus pyogenes was demonstrated in the above lesions.

Medical Tramps.—We have evangelical tramps, various kinds of tramps, but rarely hear any one speak of the medical tramp, yet the medical tramp is, for the present, with us. The proper kind of a state law would, to a certain extent, check the migrations of the medical tramp. At present the laity rather encourage the medical tramp. The new doctor in the town — even in a large city — especially if he have society or churchly proclivities, soon becomes the general topic of conversation, and the first little surgical operation that he happens to perform will be talked of not only by the new doctor's acquaintances, but sometimes, inadvertently, the doctor himself does a little of the talking. The old doctors are not in it and the new ones become the fad. But, sad to relate, at the end of twelve or eighteen months or two years, Mr. Fad is laid on the shelf and a new competitor comes into the field. Sometimes the latest fad is competent and sometimes he is not. Generally speaking the fad possessing the least ability, but the biggest horn, is the greatest success.—*Denver Medical Times.*

GYNÆCOLOGY, OBSTETRICS AND PÆDIATRICS.

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TREATMENT OF UTERINE HEMORRHAGE.

By J. W. Huffman, M. D., Prescott, Iowa.

IT IS probable that no class of diseases has so wide a range of causes as do diseases of the female generative organs. And in hemorrhage from the uterus the conditions are widely diverse that stand in a causative relation thereto. The causes of this trouble may be general or local, very opposite conditions of the body in every possible particular giving rise to equally bad cases of uterine hemorrhage. Organs remote from the uterus, mental and psychical conditions, as well as diseased states of the uterus itself are all causative factors. And to complicate matters yet more the effects of the disease react upon and intensify the original cause and frequently what was at first simply an effect has become an added excitement to keep up the flow. Then there are cases in which hemorrhage occurs that the most careful examination fails to show the *fons et origo* of the trouble. In an affection then in which the causes are so diversified, whether this affection be a symptom or otherwise, the line of treatment will have to be varied to suit the individual case. In all cases removal of cause where this can be made out, is of first importance. However, it is not the purpose of this paper to treat the subject in *extenso*, but to deal with those cases which the general practitioner is expected to treat at the home of the patient, those cases that are amenable to medicinal treatment, or in which

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no operative measures of any magnitude are necessary, leaving out also those cases connected with the pregnant or puerperal state.

First and foremost of all measures attention should be paid to the general health. Quinine, nux vomica, arsenic and iron may all be required, although the use of iron is subject to certain qualifications not here necessary to mention. Apart from this general statement the further treatment will be palliative or curative. At the time of an attack, or in the case of one subject to menorrhagia, during the menstrual flow, rest in the recumbent position is an essential element of treatment and without this any further efforts at cure will be generally futile. The application of cold, the use of acidulated drinks are measures to be taken at all times while the nervous system is to be quieted by the proper remedial agents.

Among the remedies that seem to have a specific action in checking uterine hemorrhage mention may be made of ergot, digitalis, bromide of potash, cannabis indica, hydrastis and arsenic, although there are others that fall within the list. A few words regarding the use of some of these.

Ergot being a uterine motor stimulant stands possibly first in the list in the way of utility. Its physiological action being to cause contraction of the involuntary muscular fibers, it thus becomes a valuable agent in controlling hemorrhage through action on the capillary system. Upon theoretical grounds it is a remedy that should be used in all cases but in this as in many other instances we find our theory and our practice at variance, and ergot very frequently is of no service, sometimes harmful. As a rule we may say that the reliability of this drug is in proportion to the enlarged size of the uterus and the increased dimensions of its cavity. The indication for the use of ergot in menorrhagia is the existence of a large spongy uterus, cases of subinvolution. In the case of young girls and those who have never borne children where there has been no increase of the muscular elements of the organ, ergot is not so reliable. In the treatment of hemorrhage attendant on uterine fibroids it is highly recommended by those having experience with that class of cases.

The physiological action of digitalis is somewhat similar to ergot upon the enlarged uterus and as an adjuvant to this latter drug digitalis is fairly serviceable in those cases of hemorrhage where there is some organic heart trouble that obstructs the output of blood at the mitral orifice. Also in weak heart, low arterial tension, conditions that give rise to passive hyperæmia, digitalis is useful. In those cases the benefit derived is probably due to the specific action of the drug upon the heart, thereby diminishing the blood pressure in the venous system generally and locally, yet its action on the muscular fiber of the uterus is not to be ignored.

There is a class of cases which is met with in which the hemorrhage is connected with considerable ovarian irritation and sexual excitement. These cases seem to be benefitted very frequently by the use of bromide of potash. That bromide of potash acts by diminishing the supply of blood to the parts, is generally conceded and in this way may relieve both the hemorrhage and congested ovary at the same time. This, however, is theory. Very large doses are recommended, one drachm every four hours, but I have never been able to bring myself to the point of giving such heroic doses.

In treating this affection cannabis indica has a very useful place in the estimation of a number of practitioners, although many doubt its utility. The explanation for this diversity of opinion may lie in the fact of the variability of the strength of different specimens of the drug. My own experience has not been very satisfactory with it although in the past two years two cases have come under my notice which were decidedly benefitted by this remedy. Both were cases occurring at the time of the menopause. Thomas states that as a general hemostatic, cannabis indica is the best at our command. The indications for its use are not well made out but it possibly has the same power as ergot in inducing action of the involuntary muscular fibers.

Black haw, black cohosh and hydrastis have each their advocates and are useful in a few cases. Gallic acid is probably the best remedy where a pure astringent is wanted and in case of hemorrhage occurring in debilitated subjects and is passive in character, this drug is frequently serviceable. In the menorrhagia due to anemia and where there is a malarial element pres-

ent, and also in case of young girls who menstruate too frequently and too profusely, arsenic is highly extolled.

As coming within the scope of this paper I shall mention the use of the vaginal tampon in controlling uterine hemorrhage. It is more particularly adapted to cases of menorrhagia or those cases that are inclined to flow too much and too long at the regular menstrual period, although its field of usefulness is not bounded by this class of cases. I am fully aware that the vaginal tampon has been decried by many and by eminent authority, but I am satisfied it has a certain sphere of usefulness.

Several cases in point: The first is that of a young girl occurring in my first year of practice. Her periods of menstruation would last from ten to twenty days and the remainder of the time would be passed in bed recruiting for the next period. The various remedies had been tried without any effect. Vaginal douches of hot and cold water had been used. The use of the curette was not so fashionable then, seventeen years ago, as it is now, and when a history of the case was given me I concluded to use the vaginal tampon. The tamponing was not done very scientifically but the next morning when the cotton was removed it was very clear that the flow was greatly lessened. A second tampon entirely checked the flow and this made a gain of four or five days over her usual menstrual periods. At the next period after the flow had continued for six days and showed no signs of abatement, the tampon was used again with the result of shortening the period to eight days, with very little flow the last two days. This plan was kept up for some months with the final outcome of restoring her general health and stopping the menorrhagia. What the pathological condition was I do not know for I was too young and too modest to find out.

The second case was that of a lady who had borne some eight or nine children during a married life of a dozen years, whose constitution was broken down and who was suffering from all the ills, real and imaginary, to which flesh is heir. The menstrual flow was profuse and continued until there was seemingly but little more blood to flow. At each menstrual period this was repeated. Examination showed a greatly enlarged uterus, a case of areolar hyperplasia or chronic metritis, in which the menorrhagia was a

symptom. Tamponing the vagina was resorted to at each returning menstrual epoch after the flow had continued five or six days, for four or five months, when she had to a considerable degree recovered her strength and the excessive outflow of blood had ceased. She had several similar attacks during the next two years, all of which were relieved by the vaginal tampon. Now, I do not wish to be understood as saying that the tampon relieved the condition upon which the menorrhagia depended, for it did not, it only shortened the periods, lessened the amount of blood lost and gave her time to recruit.

A third case is that of a young woman, married, but has never borne children. She has been irregular all her life, as she describes matters, her menstrual epochs, if they can be called such, lasting from one to ten weeks and the intervals lasting from three weeks to three months. This condition had existed for ten years. She had been treated by various physicians without any benefit. Examination revealed no special disease of the uterus in the way of displacements or other lesions. In the way of cure I first tried curetting, this being done twice very thoroughly, but with no change, the flow coming back as profusely as ever. The vaginal tampon was then tried and while the success with it in this case is not what is desired it greatly relieved her and did her more good than any other method of treatment she had ever tried. While it is true that in many cases of uterine hemorrhage there is a diseased condition present as endometritis, fungous vegetations, granulations, displacements, etc., yet there are other cases in which no diseased condition can be found in the uterus to account for the excessive flow. Medicines do but little good, for the attacks return as regularly as the months come around, and very often more frequently and with less regularity. In these cases a *persistent* use of the vaginal tampon will greatly benefit and frequently cure. While believing that uncomplicated cases of menorrhagia are most benefitted by the use of the vaginal tampon, it can be recommended in cases of subinvolution, and is also worth a trial in some of the grosser forms of uterine disease, for menorrhagia alone by its exhaustive waste, its depraving of tissue, and the nervous and circulatory disturbances it sets up, will itself produce other uterine disorders. Some have advised pack-

ing the cavity of the cervix for these cases, believing it to be the most logical procedure, and possibly it may be a better plan, as the obstruction gets nearer the seat of the disease, but the greater liability to sepsis would be an objection to the plan.

That there are some objections to the use of the tampon I am free to admit. If care is not taken, it may interfere with the emptying of the bowels or bladder and may give rise to the irritation of the surrounding parts and induce inflammation of the uterine adnexa, peritoneum and cellular tissue, although I have never seen any of these difficulties arise therefrom. The tampon should not be kept in the vagina more than twenty-four hours at the outside, when it should be removed and a fresh one returned.

The use of the curette, occupying such a prominent place in the treatment of uterine diseases, this subject would seen unfinished without some reference to this plan of cure, yet the paper is of such length that time forbids any further discussion of the topic.

THE PUERPERAL STATE.

By A. W. Sherman, M. D., Lamoni, Iowa.

TO THE family physician, there is no more sacred trust than the care of a mother during and after confinement. Having suffered what a famous French litterateur has styled an illness which lasts nine months, she is entitled to our most tender care during labor, and our highest skill in repairing accidents and preventing misfortune during her convalescence. It is at this time that many a woman has sown the seeds of future illness. It is often the beginning of a lifelong backache, caused from a lacerated perineum or cervix ; or a chronic endometritis, endosalpingitis, ovaritis or peritonitis ; all caused from an infection through an abrasion or laceration that should have been repaired by the one in whom she placed her trust. Alas ! how sad that a woman should thus be robbed of her health and vigor by our negligence or ignorance, when by a little more energy on our part all this might be avoided. It is the duty of every physician before leaving, after an accouchment, to make a thorough examination of the parturient canal and restore all accidents under the

strictest aseptic and antiseptic precautions. He should make a thorough inspection of the vault of the vagina to ascertain whether damage has been done. To do this a retractor is introduced so as to hold up the anterior part of the vagina, and then should a laceration be found, thoroughly sterilized catgut sutures should be introduced so as to entirely restore the parts. Should the laceration be deep it will be necessary to bury the first and possibly a second row of sutures, as the tension would be too great for a single row.

To make the puerperal state as short as possible it is important to secure and maintain an aseptic condition of the birth canal, thus preventing infection. The more prolonged and difficult the labor, the more vigorous should be our efforts in this direction. When we have fully learned thus to repair that which is damaged, and the biblical truth that cleanliness is next to Godliness, we will no longer hear of the milk fever of our fathers, or the chill on the third day caused from taking cold, now so often talked about by those who do not know better. These are caused only by filth ; the result of infection.

There is no better test of our cleanliness than the temperature of the body. When the bowels and bladder have been thoroughly evacuated and when the breasts are not congested, a temperature of 100° generally means infection. And here allow me to enter my protest against the indiscriminate use of quinine and coal tar derivatives, as at this stage we may be deceived into a feeling of security, thinking all is well when in reality dangerous infection may be present. Temperature should be the danger sign. It should demand our serious attention. It may mean the smouldering flame that will consume our patient in a few hours. Whatever may be the cause, we should not rest till it is found and removed. Should there be retained secundines, they must be removed completely with the finger or a dull curette, and this done the vaginal and uterine cavities should be thoroughly irrigated with sterilized water.

At times there is a mechanical obstruction of the uterine canal caused by an anteflexion of the uterus. This causes a retention of the lochial dicharge with decomposition, and the absorption of these products of decomposition may result in a severe chill, high

fever, and profuse perspiration, with pain and other evidences of infection. In short, it may produce very alarming symptoms closely bordering on collapse, and if improperly treated, prove fatal. If, however, the uterine cavity is thoroughly douched with sterilized water, removing every trace of infection, the temperature returns to normal and convalescence is soon established.

In cases of infection much good can be done by free catharsis. It is not uncommon for a patient, nervous, feverish and suffering pain, to be restored to a condition of health and comfort by this means. It was Lawson Tait who taught that thorough systematic purging of the bowels after abdominal section would often limit or abort an attack of sepsis, by removing microbes from the abdominal cavity, by a process of osmosis, and it is to this principle that our puerperal cases are often tided over similar attacks. But this is not all that is accomplished by maintaining a free sewerage of the body. During the process of involution, the uterus which during the 280 days preceding confinement had enlarged from an organ of about three inches in length to one of twelve to fifteen inches, is in ten days to two weeks, returned to nearly its original size, and in six to eight weeks involution should ordinarily be completed. This progress of retrograde metamorphosis is accomplished in this short time by a process of fatty degeneration, the waste product being carried into the lymph spaces from whence they enter the circulation, increasing the burden of the lungs, skin, kidneys, as well as of the bowels. It is for this reason that our patients should be placed in large, airy rooms well lighted. To favor elimination by the skin, baths are of service, and thirst should be quenched by the free use of milk and water to favor a free action of the kidneys. Common sense should be the guide in the selection of diet and in the general care of our patients.

The breasts should be carefully watched and should the nipples become fissured they should be healed as rapidly as possible to avoid entrance of infection. They should be thoroughly bathed after each nursing with a saturated solution of boracic acid. For me nothing heals a deep fissure so well as nitrate of silver, in solution or stick. It stimulates healthy granulation that rapidly heals the wound. A nipple shield should be used

to avoid irritation, as well as to prevent infection. Many of those sold on the market are worthless. To be of service they should not be too small so as to bruise the nipple. I prefer one made of glass connected to the mouthpiece by a rubber tube. Should the breast become painfully swollen great relief is often obtained by firm, uniform pressure. This not only supports the breast, but by restricting the circulation prevents undue congestion and is consequently a prophylactic against mastitis.

At times, in spite of our most earnest efforts, inflammation develops, ending in abscess. As soon as pus forms it should be evacuated by free incision and drainage. If the first incision does not establish perfect drainage, a counter opening should be made connecting the two with a fenestrated rubber drainage tube, so that the cavity can be thoroughly cleansed. This with frequent dressing will restore the breast to a healthy condition in a few days.

What shall we do about the vaginal douche? Some excellent authorities seldom use it, while others use it as a routine practice. I believe that when a woman is delivered under strict aseptic precautions, and is cared for by a nurse who will maintain an aseptic condition of the bruised and lacerated parts, that the vaginal douche is not indicated and in fact is better omitted, as healthy granulations may be bruised or irritated by the introduction of the syringe, or the flow of water. Too, the danger of introducing infection on a filthy syringe or of soiling a clean one as it is being introduced into the vagina and thus carrying infection to the parts, should not be overlooked. But how many of us are so fortunate as to have a nurse at our command who is competent to maintain this condition even in our best and most intelligent families? Much less would it be possible in our general practice among the poor and ignorant, who would only sneer at our efforts. I believe that in the vaginal douche we have a powerful weapon against infection when properly used, and when indicated. I believe that when the lochial discharge becomes foul, a solution of bichloride of mercury should be used. Odor indicates the presence of decidual remains infected with saphrophytes, and the use of an antiseptic douche for a few times will check the odor by destroying the micro-organism. Pain and soreness so common about the

third day should be combatted by the use of a purgative with a copious vaginal douche. I have seen patients promptly relieved when suffering extreme pain and nervousness with burning fever by this very simple procedure. And to those who have never tried it, I would commend it.

During the puerperal state the great danger is infection, and if we keep the portals well guarded by removal of its causes, having repaired all injuries and used such tonics as the needs of the body demand, we are generally rewarded for our efforts by seeing our patients restored to their former health in a few weeks.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF
M. N. VOLDENG, M. D., *Des Moines, Iowa.*

THE IMPORTANCE OF PSYCHOLOGY IN RELATION TO FORENSIC MEDICINE.

By M. Nelson Voldeng, A. B., M. D., Des Moines.

MAN HIMSELF is of and belongs to Nature, and his every action and thought are in obedience to vital laws. True, the problem of his own existence is more complex and difficult of solution than those of organic nature; but nevertheless they are within the domain of law, which is universal and which is ceaseless in its workings. We see all the displays of nature bound in the chain of cause and effect. It is man's prerogative to make inquiries of things around, to investigate, explore and learn. He does indeed believe before he knows, but his belief is ever mingled with doubt; the doubt, not the belief, stimulates him to research; and research by increasing knowledge banishes doubt and thereby changes belief. His inquiries established facts and facts have accumulated through continued inquiries, until now the world knows that the world is ruled by laws so fixed and immutable that the human mind not only measures back the flight of ages, solving the mysteries in the morning of the world, but with prophetic vision sees and demon-

strates much that is to be in the distant future. And yet the human mind is finite and there are limits to its searchings. It can not penetrate the veil which hides creation from its view, or fathom the mysteries of "that undiscovered country from whose bourne no traveler returns."

In studying the philosophy of human action I fully recognize the limited extent of exact knowledge relating to the union of body and mind and their mutual influence on each other; but I am also aware of the many facts revealed by studied observation and experimental research in nervous physiology, and entertain no doubt that the evidence is sufficient to enable us to determine with approximate accuracy at least the bodily and mental condition which give the bias to individual character. We acknowledge the obedience of man to law in all the manifestation of bodily function. And now let us ask, is there not some rule or law which influences the acts of man, and, in proportion to this influence, are not his responsibilities under law directly modified?

At the very threshold of the inquiry it is important to know the relative qualities of men which pertain to their acts in life, for, if equality exist it is evident that we may the more easily formulate a rule by which to measure human action; whereas: if equality does not exist, it is apparent that we must measure each person's act by a standard of his own, with special reference to his individual organization and surroundings. The question of equality may be considered from the dual standpoint of actuality and possibility; that is, are men equal in physical and mental endowments, or, if not, are they capable of being equal in the attributes of either body or mind?

As to the first proposition, the actual equality of men, I will only say that the negative is so self-evident as to need no demonstration. We have only to look around us anywhere and everywhere, and the fact becomes glaringly evident that in physical powers, at least, a great inequality exists; that which one person is unable to perform, even when under the influence of well regulated discipline, another easily accomplishes, and we correctly impute to the latter a greater natural strength.

Each individual link in the great chain of human life has potentially a specific, a personal strength, which is measured by

the amount of tension or strain each can endure; or, in other words, the amount of active energy each is capable of exhibiting. This inequality of energy, whether active or possible, extends beyond the physical into the intellectual and moral nature of man. The actual existence of intellectual and moral inequality is even more marked than the physical. Between the intellectual standard of the untutored Australian negro and that of a Newton or a Shakespeare, or between the moral standard of the most depraved criminal and that of a St. Paul, there are as many varieties as there are individuals of the race. In the mind as well as in the body there is also an inequality of possible power. Each individual of the human race possesses a certain brain organization which will admit of intellectual and moral development to a certain degree; but no discipline, no method of education, no power of the will can advance it beyond this limit. Thus far, and no farther, is the dictum of creative energy. The eye has vision only within the limits of the visible spectrum, beyond which all is darknesss. The ear can discern sound only when the vibrations are within well defined boundaries, beyond which the harmony of music is either lost in the discords of noise, or the vibrations are so rapid that the nerve tissue is powerless to convert them into sound; and yet that which may prove the limits of the visible spectrum, or measure the power of audition to one person may not to another. We know that certain animals can see where all is darkness to man, and hear sounds when to the human ear all is silence.

The inborn capacity, or potentiality of brain tissue possessed by Newton, made it possible for him to assimilate mental impressions, to take such a periscopic view of things as to evolve from the depths of his mighty mind the laws by which atoms aggregate to sums, and worlds are held in their orbits. His discoveries were not of chance, but of necessity, and the inherent qualities of his brain made his mode of thought an irresistible destiny. The acts of each and every man, whether of humble or exalted mentality, are but so many scenes in the great drama of individual life, but panoramic views *revolving constantly* before us, moved by machinery behind the scenes; that machinery is the human brain,

which in proportion to each individual capacity gives forth in the human mind the power to act.

Nations and people differ from each other in their morals, ideals of law and civil government, and their differences have existed from the earliest monumental history of man, and as strongly mark the present diversity of races as do the color of skin or form of skull. These intellectual variations result from the different brain capacities of the several species, and thereby absolutely preclude an intellectual equality, except through amalgamation, by which the superiority of one is depressed and the inferiority of the other is elevated, until a temporary equilibrium is produced. So, to, with the individual elements which form each and every human variety; each possesses a brain organization of definite statical power, capable of receiving and assimilating a specific amount of impressions, from which is evolved energy of a specific quality. One person exhibits a character pre-eminently noble, unselfish and brave, which shrinks from no labor, however arduous, nor fears danger when in the discharge of duty; the altruistic element predominates and he becomes a benefactor of mankind.

Another is egotistic, seeking only his own good, regardless of the claim of others, without charity or love, as vulgar in mind as he is cowardly at heart, to whom appetite is synonymous with duty, and to whom obedience to law, through fear of penalty, seems an abridgment to human liberty.

The idiot possesses an inferior brain organization, and, necessarily, an exceedingly low order of intellect; indeed, were it not for his human form he would not outrank many types of lower animal life. Why the difference in two children who start in life under the same conditions of bodily and mental discipline? Evidently not because of early opportunities, for herein both were equal: but the difference comes from the potential character of brain tissue, which in one gave great inborn capacity to assimilate impressions, while the other was unable, because of an inferior or weaker inborn capacity of brain structure, to receive more than the simpler impressions from his life's experience, and his mode of thought and action correspond with the statical energy of his organization.

Professor James, of Harvard University, in his eminent work on psychology, defines the subject as being the science of mental life, both of its phenomena and of their conditions. The phenomena are such things as we call feelings, desires, cognitions, reasonings, decisions, and the like.

Now, what bearing on law has mental science? What mutual intercourse, what common ground is held by these two departments of thought? The relation is three-fold:

1. Psychology has an expositive, definite, interpretive value in forensic debates.

2. It is not only an interpreter of primitive powers and conceptions, but an authoritative guide in understanding their normal and diseased activities.

3. In many legal cases psychology has appellate jurisdiction — it is a court of final appeal.

These considerations constitute an urgent claim for a higher recognition, both on the part of the legal and medical profession, of this the youngest of the sciences, yet the *primum mobile*, the inclusive sphere of them all.

In the first place, it is a grand thing to have the ground of a discussion cleared up by luminous, fixed and exact definitions. "Nineteen-twentieths of theological disputes," says an eminent theologian, "come from lack of clear-cut definitions." The inability of a witness in court to give the precise significance of terms used, affords an opposing counsel great vantage ground. An attorney or witness who can distinguish between the real and the nominal significance, the verbal and logical use of terms of mental science, who can set limits to the vague, shifting meanings about which there is often quibbling, a man who can and does distinguish between a subjective conception,— like belief or personal conviction, and absolute, which is the reality of things,— a man who can tell the difference between a delusion and an illusion, between consciousness or mental life and feeling,— a man, in short, who is not disconcerted in being called upon to explain just what he means in mental processes and results — he is one who can speak with convincing power. The Anglo-Saxon word lag (law) means something laid down. It ought to be exact and exacting if it would command respect in its minute truthfulness.

Psychology is more than an interpreter — it is a guide. When law postulates man's identity, the continuity of his being, the freedom of his will, the rightfulness of his obligation and kindred axioms on which law is founded, psychology pushes its analysis, gives its expositions and settles its boundaries. It also deals in synthesis and brings isolated facts into accord and unity. It shows the soul's structure or mental anatomy and its normal functions, mental physiology, and so aids us in understanding its diseased activity or mental pathology, on which a great part of litigation rests. A fruitful psychology guides us into still broader fields with which jurisprudence, the science of justice, has to do, to-wit: the soul's environing conditions, historically considered — for man is but a product and representative of the psychic and physical factors of previous generations to which an unbilical cord binds him — and socially as well, for he is but a part of a present complex organism, as truly as a finger is a part of the physical unity called the body. Criminal anthropology recognizes these undeniable facts, and points the alienist, penologist and reformer to them as the basis and impulse of much of the crime which is the province of law to control and punish. It involves the biological and sociological study of criminal life; its physical and metaphysical aspects, its clinical and forensic, its moral and historic features; the solidarity of races, peoples and families, the laws of parentage and inheritance of ideas, with other ancillary themes. These are indispensable, for civilization was never so complex, intricate and full of perplexing relations. Our methods, therefore, whether punitive, philanthropic, or remedial, should be correspondingly minute, comprehensive, elaborate and sagacious.

Lastly, psychology has appellate jurisdiction. It is in many cases a court of final appeal. So far as the subject matter of jurisprudence is concerned, law is the exposition and enforcement of civil rights and duties — briefer, the science of justice, the principal part of ethics. It assumes that man must exist in organized society and that he is made for it. But is man thus endowed?

What is he as a social and political being? Psychology alone can answer. Law lays down as its axiom certain assumptions in respect to the authority and limits of government, for the truth of which it must appeal to the consciousness of every one who con-

sults his own inner life. This science is, therefore, carried back, step by step, until its last footstep is firmly fixed in psychology. Psychology is the common parent of many of the sciences. To every one of these sciences the study of psychology furnishes the necessary ground work, and is itself the necessary and appropriate introduction for the thorough understanding and orderly development of their teachings.

The first authoritative recognition of the relation of medicine to law was made by Germany early in the sixteenth century. The organization of the Medico-Legal Society of New York in 1868 gave an impulse to the scientific study of medical psychology. Some years later, viz., 1870, the American Medical Association, at its annual meeting in Washington, adopted a resolution requesting medical colleges to establish chairs of psychology. But as Germany at first found it hard to secure an alliance of law with medicine, so this innovation has been opposed by some on account of their ignorance and prejudice, and by many more on account of the already crowded curriculum of study. A reaction has taken place. Each of the three learned professions — divinity, law and medicine — are now raising the standard of admission to all reputable schools and are extending the course of study, either by optional post-graduate work or by compulsory examinations. This is in keeping with the rapid advance of science, the perfection of its instrumental aids and appliances, and the general increase of popular intelligence.

The conscientious study of mental science will be at once a moral tonic and intellectual corrective. Human action in its normal and aberrant forms is to be faithfully examined in the light of the realized science of to-day. Quiddities and sophistries and all illusory introspection must be brought face to face with the ultimate and irreducible facts of individual experience and actual life. From these there is no appeal. Superior natures are always attracted to these ennobling pursuits. They realize the truth of the Roman adage: "*Quantum sumus scimus.*" The breadth and volume of our mind measures the dimensions of our knowledge. We might well add, "*Quantum sumus agimus.*" Our medical capacity and discipline measure the scope and efficiency of our work in the world as well.

OPHTHALMOLOGY AND OTOLOGY.

UNDER THE CHARGE OF
A. R. AMOS, M. D., *Des Moines, Iowa.*

CLINICAL NOTES.

Much light has been thrown upon the subject of pyæmia resulting from otitis media suppurativa during the past few years, and our knowledge of the course of the infection much broadened. The free opening of the mastoid cells, showing the presence of thrombosis in the lateral sinus and the association of this condition with certain definite symptoms, has pointed out this source of easy entrance of germs to the general circulation.

Many cases of infection have, however, been shown to occur without venous thrombosis. The following is one in which there was no evidence of this unfortunate complication.

J. C. S., aged 19, laborer, was seen by me November 24, 1892, when he was found complaining of pain in left ear with mastoid tenderness. Temperature 103°, pulse 100. Pus was flowing somewhat freely from the meatus. Hypodermatic of morphia and warm fomentations were employed and the meatus irrigated with warm boric acid solution. Under this management the pain and tenderness over mastoid gradually diminished and the temperature on November 28th was 99°. On December 1st there was an increase of temperature to 100°, with increased mastoid tenderness, and during the following six days the evening temperature ranged about 103°. The tongue was thickly furred, and patient complained of gastric pain. During this time there was absence of headache; the middle ear discharge gradually growing less abundant.

On December 6th was recorded: No mastoid tenderness, discharge improved.

On December 7th: An erysipelatous swelling appeared upon the left forearm. It was opened and a quantity of pus discharged. He also began to cough. A colleague was called in who diagnosed infectious pneumonia. The temperature did not rise above 100°; pulse, 110–120. Symptoms about head gradually improved, the discharge ceasing altogether. At the end of two weeks he had

recovered from the pneumonia and made a rapid recovery. At no time were there any symptoms of sinus thrombosis or tenderness over the side of the neck. The case was evidently one of otic pyæmia, the pus gaining admission to the general circulation through some of the emissary venous channels from the middle ear and mastoid antrum or cells.

It is not probable that pus found its way to the stomach through the Eustachian tube, as there existed a large perforation in the tympanic membrane. The possibility of this means of pyæmia should, however, be kept in mind.

The aurist is often confronted with cases of acute otitis media, which appear to be dependent upon post-nasal adenoids, and he may be at a loss to know whether to remove the adenoids at once, subjecting the little patient to a somewhat severe operation, or delay operation until the otitis subsides.

The following case may be of interest :

M. A., aged 12, began to complain of sharp pain in left ear at 4 o'clock in the afternoon. The writer saw her at 8 o'clock the same evening, and ordered hot applications and morphia sulphate, ⅛ grain. The next day at noon the membrane was found bulging extremely, and very red, although not as painful as the previous evening ; watch heard at one inch. Paracentesis was performed, permitting the escape of a quantity of serous-like fluid. Two days later, the ear continuing to discharge freely and the fluid showing a tendency to become thick and pus-like, the patient was given an anæsthetic and a large quantity of adenoid tissue removed from the naso-pharynx. The tonsils, which were enlarged, were also removed. In thirty-six hours the ear had ceased to discharge, temperature almost normal and the patient free from pain and asking for food. The case continued to improve without mishaps, the ear recovering full hearing power.

PROGRESS OF OPHTHALMOLOGY AND OTOLOGY.

Pannus Treated by Curetting and Blue-stone.—This procedure has been found by the author to be of much value in well selected cases of trachoma. The ones best suited are those in which the conjunctiva is no longer succulent, but has passed to the stage of

cicatrization. Such cases often show a marked tendency to the development of dense pannus, impairing vision and frequently giving rise to corneal ulcer.

The following case may be of interest as illustrating the manner of proceeding and the result: Mrs. H., aged 40, has suffered for many years from trachoma, which had passed to scar formation with only here and there a small islet of mucosa retaining its pinkish color. There had been but moderate shortening of the conjunctiva and scarcely any incurvation of the tarsus. About nine months ago a pannus began to spread, without much reaction, downwards upon the cornea. Gradually it pushed itself further and further over the upper segment, increasing in thickness as it advanced, until about three months ago it had reached the center of the cornea, seriously obstructing the vision. It was now very vascular, thick, velvety, and protruding above the general surface. The entire upper half of the cornea seemed softened, as slight pressure with a probe would cause indentation. Cocaine was instilled into the sac, and by means of an ordinary sharp spoon the entire upper half of the cornea was stripped of its vascular epithelium, the scraping extending even beyond the limbus to the sclera. There was some bleeding. After this had ceased an examination showed still some trace of vessels, which seemed to have penetrated the deeper structure. A compress bandage was applied and the patient detained indoors for three days. There was but little reaction.

The sulphate of copper was now applied daily for about a month, since which it has been used every alternate day after a single application of cocaine, 4 per cent solution. To-day the cornea is smooth, free from vessels, and clear almost to the limbus, where only a slight haziness obstructs its transparency. The scleral vessels have also become much reduced in size. The drooping lid, no longer needed to cover an irritable cornea and exclude the light, is once more elevated to its ordinary level.

STATE NEWS.

Dr. N. C. Morse, of Eldora, has built a neat new hospital at Eldora, and already has it nearly full of patients.

Dr. F. H. Boucher, of Marshalltown, has been appointed assistant surgeon for the Iowa Central Railway, at that place.

Dr. Rofe, of Anita, has just been mulcted of $1,000 damages in a case of dislocated shoulder. The case will be appealed by the Doctor.

Wanted — Volumes 1 and 2 Transactions of the Iowa State Medical Society. A good price will be paid for the same. Address THE JOURNAL.

Dr. Wilton McCarthy, of Des Moines, was married to Miss Georgia Bell, at West Branch, Iowa, on February 24, 1897. Dr. McCarthy is at present county physician of Polk county. The Doctor's many friends wish him a happy and successful career.

The many friends of the genial Dr. Getz, of Marshalltown, will be pleased to learn that the doctor has been appointed as surgeon-in-chief of the Iowa Central Railway. This appointment is an eminently deserving one, and the management of the road is to be congratulated upon the wisdom of its choice.

Dr. Louise D. Holmes has received her certificate to practice medicine from the state board of medical examiners of Georgia. She passed a very creditable examination, received the hearty congratulations of the board, and her license bears the endorsement that she is the first woman admitted to the practice of medicine in Georgia.

The supreme court of Wisconsin has decided that the Keeley law, which permitted the courts of that state to commit drinkers to a Keeley institute for treatment, is unconstitutional. It is said that this will save Milwaukee county alone $30,000 per year. Thus one after another the fakes are passing. The query is, what new fad will the people now run after?

The superintendents of the insane hospitals at Mt. Pleasant, Independence and Clarinda have just awarded some of the subcontracts for the new hospital at Cherokee. The front portions will be of the beautiful buff brick made by the Platt Company, of Van Meter, Iowa. The same brick go into the new hospital at Iowa City, a cut of which is our frontispiece this month.

From a communication elsewhere appearing in this issue it would seem that Wm. Wood & Co., of New York, have refused to have articles appearing in their publications reviewed for their wider dissemination among the members of the profession. By so doing they can but injure themselves. We believe the medical profession is warranted in supporting those who are willing to accommodate them.

The Western Ophthalmological, Otological, Laryngological and Rhinological Association meets at St. Louis April 8 and 9, 1897, at Planters Hotel. A program consisting of seventy-five papers has been prepared. From Iowa we note the names of Dr. A. R. Amos, of Des Moines; E. O. Sisson, Keokuk; R. Lapsley, Keokuk; J. Fred Clark, Fairfield; J. A. Daniel, Davenport; F. E. Sampson, Creston, and E. M. Singleton, Marshalltown.

The medical practice bill is now before the senate and will be put on passege this week. It has been reported upon favorably by the committees of both houses. There is little probability that it will meet with serious opposition. The profession throughout the state has done most excellent work with their representatives in the house and senate, and we believe the work will tell when the bill is called up. A full report of discussion, together with the vote by roll call, will be given in our next issue.

On February 22d one of the guards at the penitentiary at Anamosa drank concentrated lie by mistake for coffee. It seems they clean the coffee kettle by boiling a solution of lie in it. The press, in commenting, says: "It seems as though Warden Madden's administration, while the best by far the state has ever had, is followed by the shadow of death. Soon after the new management took charge, both the warden and deputy came close to death's door from typhoid fever, but finally recovered. Soon after Deputy Warden Andrews' wife was smitten and died. A little later Warden Madden's daughter, a young lady, passed away, and Guard W. L. Duncan soon followed. Last summer Prison Physician Dr. D. L. Sigworth, a bright young man, and C. H. Monger, a teacher in the prison Sunday-school, both died. Now Mr. John McMillan, for sixteen years the prison cook, is lying at the point of death and will probably be dead ere this is read.

Dr. H. M. Huston, of Ruthven, recently had an exciting experience while going to see a patient. He was driving his team hitched to a cutter when his horses became unmanageable and ran away. Crossing a lake, which was fortunately solidly frozen over, the doctor was thrown from the cutter and the team dashed into a wire fence. His most valuable horse was so badly cut to pieces that it was necessary to shoot him on the spot. The doctor was badly shaken up but continued on his way on horseback.

We have received from the Tri-State Medical Society of Iowa, Illinois and Missouri the program for the meeting to be held at St. Louis, April 6, 7 and 8, 1897. We note the following from Iowa: Dr. J. W. Fowler, Dubuque, "The Cause and Treatment of Epilepsy"; Dr. Allen Staples, Dubuque, "Some Clinical Notes on Vaginismus"; Dr. C. E. Ruth, Keokuk, "Talipes—Equino-Varus, Surgery of"; Dr. D. C. Brockman, Ottumwa, "Pancreatic Cysts"; Dr. H. C. Finch, Lynnville, "Convulsions Following Labor (remote)"; Dr. Donald Macrae, Jr., Council Bluffs, "Report of a Case of Echinococcus of the Liver with Rupture of Gall-Bladder."

The Southwestern Medical Society met at Clarinda on February 18th. Officers were elected as follows: President, Dr. J. W. Holland, of Osceola; secretary, Dr. Arnold Jolly, of Hamburg.

The next meeting will be held at Osceola. The annual meeting of the society will be held each year at Creston on the third Thursday in February. A cordial invitation is given by the society to all physicians in the southwest to send their application for membership to the secretary. The society is one of the best and strongest in the state. It now has one hundred and twenty-five members.

At the meeting at Clarinda the proposed medical bill was considered and heartily endorsed. A resolution was ordered drafted and forwarded to the legislature asking the adoption of the measure. The society also donated fifty dollars to the cause. This is the kind of talk that passes measures of merit, as it enables us to do efficient work in behalf of the measure. If we had a few more "southwesterners" it would not be many moons before we had a cabinet officer of public health. We trust the spirit of this excellent society may be contagious.

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LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

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DESCRIPTIVE LITERATURE UPON APPLICATION.

LAMBERT PHARMACAL COMPANY, ST. LOUIS.

Dr. W. L. Bierring, pathologist at Iowa City, desires to make the new test for typhoid fever from examination of the blood. We trust his wishes may be complied with as expressed in his letter:

IOWA CITY, Iowa, Feb. 17. 1897.

Dear Doctor,— I am desirous of testing the value of the Pfeiffer-Widal blood culture method in the diagnosis of typhoid fever.

Unfortunately, for my purpose, the number of cases of typhoid fever in Johnson county is very limited. I should like, therefore, to say through your columns to the members of the profession in the state that I should consider it a great favor if I could receive a small quantity of blood from suspected typhoid patients. The same is to be obtained from the cleansed end of the finger by the means of a small lance or needle and allowed to dry upon a clean cover glass or glazed (writing) paper, this being then enclosed in an envelope and sent to my address.

It is especially desired to get cases as early as possible in the disease, but any case up to the stage of convalescence would be of value.

Any physician who desires to coöperate with me will kindly write to me at the address above mentioned. Fraternally yours,

WALTER L. BIERRING.

"**The trail** of an American may be followed through Europe by his disgusting habit of spitting," said an experienced traveler. "When you go along the streets of London and see a spot where some one has expectorated tobacco juice or something else you may be sure that an American is not far ahead. He has just been there. You can tell the American every time abroad by this habit. No other nation is cursed with it. I notice that the effect of the anti-spitting signs in the street cars has been good and is reducing the evil. I am in hopes that sometime the people will be educated to a sufficiently civilized condition that they will voluntarily abandon this practice."

From the daily press we clip the following. Still the dear people want all sorts of humbuggery practiced in the name of medicine:

"Cedar Rapids, Feb. 15.—Special.—A big sensation was created here last night when Prof. Paul Alexander Johnstone, heralded as the most eminent mind reader in the world, and Dr. T. M. Walsh were arrested on a charge of conspiracy. They were placed under bonds to appear before Justice Hall on Wednesday morning for preliminary hearing. Johnstone has been here two or three weeks, engaged in palm reading. About ten days ago he started tongues wagging by making a drive of six miles while blindfolded and then finding a needle which had been hidden by a committee of prominent citizens. Everybody said he was all right, and since then he has been doing a rushing business in palm reading.

"It is now charged that he has not been satisfied with the land office business he has been doing, but that he and Dr. Walsh have been conspiring and confederating together to defraud and rob the people. It is charged that while pretending to read their palms he has been telling many of his victims that they were afflicted with some unseen but terrible disease that would, unless prompt action was taken, cause their death in a short time. Sometimes he advised them to consult their family physician, but more often he recommended that they consult Dr. Walsh. It is charged that Dr. Walsh has been doing the rest by carrying on the deception practiced by Johnstone and offering to cure the now thoroughly frightened people. His charges have been from $90 to $100. Whether any of these people have been paying Dr. Walsh money is not known, but the state claims to have ample evidence to convict the men on the charge."

KEOKUK MEDICAL COLLEGE.

The regular session opens September 15, 1896, and will continue six months. The faculty is composed of experienced medical teachers.

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T. J. MAXWELL, M. D., Cor. Sec'y,
KEOKUK, IOWA.

In the February and March Midland Monthly

Governor Gue forever settles the historical question, "Who notified the War Department of the John Brown Raid on Harper's Ferry, and what was the informant's motive?" He also relates, for the first time, the true story of Barclay Coppoc's rescue from the law, while at Spring Dale, Iowa, after the Harper's Ferry failure. Much other interesting matter, including a prize story, will be found in these numbers.

THE MIDLAND MONTHLY ($1.50) and THE IOWA MEDICAL JOURNAL ($2.00) sent to one address (either new subscription or renewal) for $3.00. Address either **Johnson Brigham,** Publisher MIDLAND MONTHLY, or **Dr. J. W. Kime,** Publisher IOWA MEDICAL JOURNAL, Des Moines, Iowa.

BELLEVUE HOSPITAL MEDICAL COLLEGE
CITY OF NEW YORK.

SESSIONS OF 1897-98.

The REGULAR SESSION begins on Monday, September 27, 1897, and continues for twenty-six weeks. Attendance on four regular courses of lectures is required for graduation. Students who have attended one full regular course of lectures at another accredited Medical College are admitted as second-year students without examination. Students are admitted to advanced standing for the second, third or fourth years, either on approved credentials from other accredited Medical Colleges or after examination on the subjects embraced in the curriculum of this College.

Graduates of other accredited Medical Colleges are admitted as fourth-year students, but must pass examinations in normal and pathological histology and pathological anatomy.

The SPRING SESSION consists of daily recitations, clinical lectures and practical exercises. The session begins March 28, 1898, and continues for twelve weeks.

The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements for graduation and other information, will be published in June, 1897. Address AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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PHYSICIAN AND ORTHOPEDIC SURGEON,
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The annual meeting of the Austin Flint Medical Society will be held at Hampton, Iowa, April 6, 1897, the morning session convening at 10 o'clock and the afternoon session at 1 o'clock. The officers are: Dr. G. C. Stockman, Mason City, president; Dr. E. C. Miller, Rockwell, vice-president; Dr. W. A. Rohlf, Hampton, secretary and treasurer. Program: Address of welcome, Attorney J. Y. Luke, Hampton; response, Dr. E. C. Miller, Rockwell; paper, Dr. E. L. Goss, Sheffield; "Trichinosis," Dr. N. H. Goodenongh, Goodell; paper, Dr. L. E. Haecker, Hampton; "Iritis," Dr. W. L. Grant, Fort Dodge; X rays with photographs by author, Dr. Geo. Boody, Independence; "Surgical Treatment of Tendons," Dr. N. E. Mighell, Marshalltown; "Extra Uterine Gestation," Dr. J. B. Tedrow, Williams; "Abdominal Tumors, Differential Diagnosis," Dr. W. B. La Force, Ottumwa; president's annual address, Dr. G. C. Stockman, Mason City. Banquet exercises: "Our Guests," Attorney W. D. Evans; "Babies," Dr. A. Babcock; "Our American Physicians," Dr. W. D. Crouse; "The Ladies," Attorney E. P. Andrews; "Where Are We At?" Dr. Jas. W. Cokenower; "Lawyers and Doctors," Attorney B. H. Mallory; "Medicine of the Future," Dr. O. B. Harriman; "The Last Consultant—The Clergy," Rev. J. W. Ferner.

A DIPLOMA FACTORY IN CHICAGO.

"Doctor" Fred Rutland, who claims to be a graduate of the College of Science, Los Angeles, Cal., the California Therapeutical College and the Medical University of Ohio, was arrested February 26th by postal inspectors, on the charge of using the mails for fraudulent purposes. He will be given a hearing to-morrow before Commissioner Humphrey. Rutland has been operating the "Wisconsin Eclectic Medical College," which the inspectors allege is a bogus diploma distributing concern on a big scale. They have in their possession a book of names, addresses and class of degrees conferred, showing that 907 persons, in every state of the union, Mexico, Canada, India and France have received diplomas, conferring the degrees of doctor of medicine, pharmacy, philosophy and science in rapid succession, when a fee of $35 to $50 was received. It is estimated that Rutland has received $30,000 from his "college."

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Medical Therapeutics

Various Neuroses of the Larynx

In a "Note on Codeine," in the *Lancet*, Dr. James Braithwaite, of Leeds, says: "Codeine seems to have a special action upon the nerves of the larynx; hence it relieves a tickling cough better than any ordinary form of opium. One-half of a grain may be given half an hour before bedtime. It was in my own case that I first began to use codeine. For more than twenty years, usually once every winter, I have been seized with a spasmodic cough just before going to sleep, which becomes so severe that I am compelled to get up and sit by the fire. After an hour or two I return to bed and am free from the cough till the next winter. In other respects I enjoy good health. Many years ago I found that one-half grain of codeine, taken about two hours before bedtime, absolutely stops the attack and leaves no unpleasant effect the next morning. In cases of vomiting from almost any cause, one-quarter grain doses of codeine usually answer exceedingly well. In the milder forms of diarrhœa one-half to one grain of the drug usually answers most satisfactorily, and there are no unpleasant after-effects."

We find, however, that where there is great pain, the analgesic effect of codeine may not be sufficient, and a combination with antikamnia is required. It is best given in the form of a tablet, the proportions being 4¾ grains antikamnia and ¼ grain codeine. Sometimes chronic neuroses may be cured by breaking the continuity of the pain, for which purpose we have found this combination peculiarly suited.

Clinical reports in great numbers are being received from many sections of this country, which, while verifying Dr. Braithwaite's observations as to the value of codeine, place even a more exalted value upon the advisability of always combining it with antikamnia in treatment of any neuroses of the larynx, coughs, bronchial affections, excessive vomiting, milder forms of diarrhœa, as well as chronic neuroses; the therapeutical value of both being enhanced by combination. The tablets of "Antikamnia and Codeine," containing 4¾ grains antikamnia and ¼ grain codeine, meet the indications almost universally.—*The Laryngoscope.*

Muscular Soreness and Lagrippe Pains

℞ Antikamnia (Genuine).
Quin. Sulph.....aa grs. xl
Pulv. Ipecac et Opii.....grs. xx
M. ft. Capsules No. xx, dry.
Sig.—One every two or three hours.
—*Buffalo Med. and Surg. Jour.*

BOOK REVIEW.

ANOMALIES AND CURIOSITIES OF MEDICINE: Being an encyclopedic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and surgery, derived from an exhaustive research of medical literature from its origin to the present day, abstracted, classified, annotated and indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D. Imperial octavo, 968 pages, with 295 illustrations in the text, and 12 half-tone and colored plates. Philadelphia: W. B. Saunders, 925 Walnut street; 1897. Prices: Cloth, $6.00 net; half morocco, $7.00 net. Sold only by subscription.

This work is especially of great value in medico-legal complications. Cases are here recorded showing the great range of possibilities in medical practice. One has here the means at hand for looking up similar cases that are out of the ordinary line. We note, for instance, the highest temperature record that is authentic, recorded very carefully after many examinations by A. Jacobi, of New York, at 148°. The book is an interesting and instructive one. The amount of work involved in its compilation must have been immense, as the curious and interesting in medicine, from the beginning of medical history to the present time, is recorded in its pages.

The American Year-Book of Medicine and Surgery is a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. It is collected and arranged, with critical editorial comments, by eminent American specialists and teachers, under the general editorial charge of George M. Gould, M. D. One volume of nearly 1,200 pages, profusely illustrated with numerous woodcuts in text and thirty-three handsome half-tone and colored plates. Prices: Cloth, $6.50 net; half-morocco, $7.50 net. Published by W. B. Saunders, 925 Walnut street, Philadelphia. Of this work *The Lancet*, London, England, May 23, 1896, says: "It is difficult to know which to admire most — the research and industry of the distinguished band of experts whom Dr. Gould has enlisted in the service of the Year-Book, or the wealth and abundance of the contributions to every department of science that have been deemed worthy of analysis. * * * It is much more than a mere compilation of abstracts, for, as each section is entrusted to experienced and able contributors, the reader has the advantage of certain critical commentaries and expositions * * * proceeding from writers fully qualified to perform these tasks. * * * It is emphatically a book which should find a place in every medical library, and is in several respects more useful than the famous 'Jahrbücher' of Germany." This work is one which needs only to be seen to be appreciated. It is without exception the finest work we have seen during the year just past.

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I had a bad case of adhesion of placenta, with dangerous hemorrhage. With ergot and Sanmetto the danger was at once removed, and by continued use of Sanmetto, patient, although very weak from loss of blood, improved rapidly, and is now up and about the house helping about her work. In sixty years' practice, with an attendance upon more than three thousand child births, I have used no medicine that seemed to hit the case better than Sanmetto in this instance. I am now in my eighty-seventh year and have practiced since 1832.

S. G. MATSON, M. D., Viola, Iowa.

TO THE MEMBERS OF THE MEDICAL PROFESSION.

I would be pleased to have an expression of opinion from you, either personally or through some medical journal, as to the relations of the lay publishing firms of medical journals and the profession. The request is suggested by the fact that Messrs. Wm. Wood & Co., of New York, refuse to permit the editors of "The American Year-Book of Medicine and Surgery" to use in our abstracts of medical progress articles and illustrations first printed in the *Medical Record* and the *American Journal of Obstetrics*. This decision seems to me to be wrong for the following reasons:

1. *It Prevents the Dissemination of Medical Knowledge.* The Year-Book condenses, systematizes and criticises the year's medical work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim or hope to reach. Every physician writes and publishes articles in order that every member of the profession may, if possible, learn of his work, and that science and progress may thus be furthered and humanity benefited. To interfere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust to the profession and an injury to medical science.

2. This injustice and injury to medicine become all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay publisher is supposed to make considerable financial profit.

3. No other publishers in the world, not even those who pay authors for their contributions, have in the least objected to our reproduction of quotations, abstracts and illustrations from their journals.

Do you wish to limit the dissemination of your contributions to medical science by such an exclusion of them on the part of publishers from reputable publications? Is this literature the property of yourself and of the profession or not? Does your gift of it to a journal make it forever the private property of the publishers of that journal? Is it not rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrations is guaranteed?

Sincerely yours,

GEO. M. GOULD.

119 South 17th street, Philadelphia, Pa., December, 1896.

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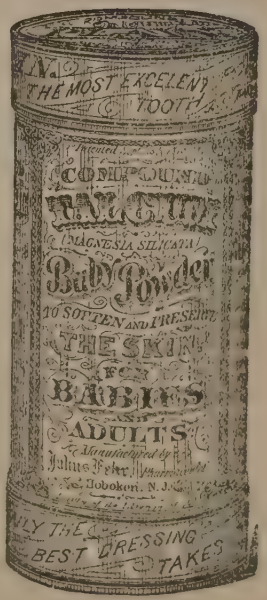


The physicians of Santa Clara county, California, have organized to rid themselves of the evil of lodge and club doctoring.

In the county there is a population of 70,000 people and 124 physicians. All the physicians have signed the compact.

In an address the secretary says: "Investigation shows that medical compensation for lodge work averages about fifteen cents on the dollar. Even respectable lodge physicians feel a sense of degradation in giving their services for fifteen cents on the dollar, and the ever-increasing spread of these alleged charitable institutions is absolutely destructive to the business of other physicians.

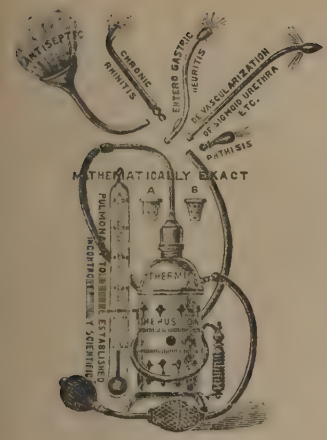
"The main incentive of the persons who band themselves together in lodges is to get cheap doctoring; they are willing to take but not to give. They belong to protective unions, and the same right should not be denied physicians. Ninety-nine per cent of these people are able to pay reasonable fees to physicians, but will not do so as long as a few doctors in every community for the sake of immediate gain can be induced to stand as driven guys to the lodge politicians. No preacher or lawyer would give his services to these people for fifteen cents on the dollar. No grocery store or merchandise firm would contract to supply these lodges with goods at fifteen cents on the dollar of actual worth.

"The remedy indicated in the subjoined resolutions is simple, and manifestly efficacious, depending upon the personal honor and free will of those concerned. Where one doctor temporarily profits by contract work the business and ethical rights of fifty others are violated; hence an overwhelming *esprit de corps* is created among physicians which will sustain a strict observance of the pledge."

The time will probably come in Iowa when there will be less of this class of work than at present.

AMENORRHEA.

Dr. C. C. Alernathy writes: "I placed sample bottle of Dioviburnia (Dios) in the hands of a young lady who had been suffering from amenorrhea for six months, with instructions to use it and report result. At the expiration of two months she wrote me, 'You can safely recommend Dioviburnia; it has entirely relieved me.' Encouraged by this gratifying result I procured through our druggist a dozen bottles and have used them all and more in the treatment of dysmenorrhea, menorrhagia and leucorrhea, in all of which there is generally congestion of the womb and ovaries, and I am pleased to say that it has acted well in every case. I shall continue to use it."



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Dry Heated Air, Hot Dry Vapor,

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Wheeler's Compound Elixir of Phosphate and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial: *acceptable to the most irritable conditions of the stomach;* Bone Calcium Phosphate, $Ca_2, 2PO_4$; Sodium Phosphate, Na_2, HPO_4; Ferrous Phosphate, $Fe_3, 2PO_4$; Trihydrogen Phosphate, H_3, PO_4; and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation, and Lactation, to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of therapeutists.

NOTABLE PROPERTIES.—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and assimilation of food.* When using it Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a Natural Food Product no Substitute can do their work.

Dose.—For an adult, one teaspoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

To prevent substitution, put up in pound bottles, and sold by all Druggists at One Dollar. . . . . .

PREPARED AT THE CHEMICAL LABORATORY OF

T. B. Wheeler, M. D.,

[illegible]—MONTREAL, P. Q.

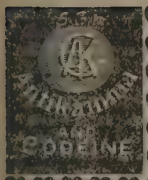
Read the Pamphlet on this subject, sent you.

The Professor of Materia Medica was seated at the table when the first candidate for the final ordeal entered. She was a trim maiden; just past thirty. "Well, Miss B.," said the Professor, "I suppose you know my first requirement; have you read Hare?" "No, indeed," was the curt reply, "and if I had, I'd bleach it."—*American Therapist.*

It is not often that we come across anything which shows the appreciation of the laity like the following, from the bishop of Norwich, England, taken from one of his sermons: "Nor can I, nor shall I, be silent about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men and the elasticity of the social conscience with respect to his remuneration. I have known cases where they are summoned at all hours and all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are sometimes received with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner; he, in in turn, to suffer as his brother did before him. I cannot permit myself to imagine that I address any such wrong-doer here today, but if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities of their order: they frequently die as martyrs to science, to suffering, to sympathy, to destitution. Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death."—*Western Medical Review.*

PAIN AND REST IN DIPHTHERIA.

Rest is one of the sweetest words in our language, and in the management of no disease is this more true than in diphtheria. In keeping with the experience of Prof. T. E. Murrell, ex-vice-president of the American Medical Association, and Dr. Pollack, of St. Louis, who have found Antikamnia valuable as a reliever of the pain of nocturnal earache, it has also been found of great value as a sleep producer in these cases. Given in doses of two and a half to five grains every two to four hours, there is no depression, nor have other than satisfactory results obtained. Dr. Eggers, of Horton Place, St. Louis, reports in the treatment of an attack of diphtheria in a member of his own family, that, to obtund the pain consequent upon the injection of antitoxine serum, which ordinarily lasts from three to four hours, he exhibited Antikamnia internally, securing relief in a few minutes. In the treatment of any neuroses of the larynx, coughs, bronchial affections, lagrippe and its sequelæ, as well as chronic neuroses, clinical reports verify the value of codeine in combination with Antikamnia, the therapeutical value of both being enhanced by combination.



"Does not depress the Heart."

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NO DRUG HABIT INDUCED—NO TOXIC EFFECT.

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Bacteriologist of the Iowa State Board of Health.

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*No. 57 bottled thus: 2 1½ oz. sq., g. s., 9 6 dr. rubber, 18 5 dr., 6 4 dr., 14 3 dr., 8 2 dr. c. s. *No. 36, same Case and price, except bottles are 12 1½ oz. g. s., 16 6 & 8 2 dr Russet Leather, $16. Also No. 36 with Pat. L. cover-lid, $12 50.

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†No. 37 has 12 1½ oz. sq. 15 6 dr., 10 2 dr., $15.50 ‡No. 33, 14 1 oz. rubber 19 6 dr. c. s. $11.50. No. 32, 14 1 oz., 18 6 dr., Blk. L. $10.

Size, 6x8x8 inches. Express prepaid on these respective prices.

Space for powder papers between bottle rows. Two sundry spaces, one under each cover lid 7¼x2¼x¾ in Nos. 57 and 37, 1 in shorter in 33 and 32. Can be changed instantly from Bags to perfect Buggy-Case, thus, by concealing saddle pockets when lowered with clasps shut. Durable, fine finish inside and out. First-class in every particular. Saves manufacture, money when you need. Order now direct of Sole Mfgr. of all Convertible Case-Bags, **W. Scott Marshall,** STATION N, CHICAGO.

Full Circulars mailed if asked for.

BUNCOED.

The editor of the *Memphis Medical Monthly* is called upon to defend in the same breath his apparent disregard of the code for allowing his name to appear in a hotel directory, and to bemoan his erstwhile three dollars, which he guilelessly gave to the enterprising canvasser.

The *Monthly* is one of our newer and valued exchanges, and we can but regret that the exchange was not earlier effected, as this scheme of defrauding the doctors was exposed in a former number of the *Weekly*, and it might perchance have saved to our friend the aforesaid three dollars, as well as the attack upon his adherence to the code.

It is strange that the medical profession should be so open to attack by the professional bunco.

We laugh at the newspaper stories of our country friends who fall into their hands on the first visit to the metropolis, and wonder how anyone can be so stupid; and, with the smile still on our faces, we listen to the stranger in our office who extolls the advantages of investing a few dollars in this gold mine, "largely owned by Dr. A., who mentioned your name," or shows a long list of signatures to a proposed directory of medical men, or is proud to offer you, as a special mark of respect, a chance to subscribe to Eminent Men of the Day, free of cost, save a trifle of thirty dollars for a full page steel engraving of yourself, and worse than listen, for we fall only too frequently into his trap and sign his confounded paper and part with a portion of our day's income; and then spend the rest of the day in vain regret.

If any other profession is bled as easily or as often as we, they have our sympathy.

As a New Year's resolution, let us resolve to subscribe to nothing not actually seen, pay no money for goods undelivered, listen to no new schemes of making for ourselves a page of history, and of the money thus saved devote one-half to our families, one quarter to ourselves, and the balance to the Rush Monument Fund. And in less than six months our worthy committee will change their plea of "more funds" to "Stop, enough."—*Atlantic Medical Weekly.*

THE PINE SHAVING CURE FOR BALDNESS.—A humorous person recently wrote as follows to the *Sun:*

SIR,— In answer to your correspondent, J. M., who in reference to E. S. E.'s pine-shaving and alcohol remedy for baldness, published in the *Sun*, asks if it makes any difference what kind of pine shavings is used, I would say that the shavings of almost any of the pine family will answer; but yellow-haired people had better use yellow pine; black-haired, the bull black pine (*Pinus Jeffrego*); true blond, the golden pine, and elderly people the silver pine or the gray pine (*Pinus Banksianæ*). In applying the shavings, the head should be well pitched and the shavings stuck thereon in artistic festooning. Care should be taken not to strike a match on the head or poke a fire with it while thus treated.

THE HYPNOTIC EFFECT OF PELLOTINE.

Prof. F. Jolly reports his clinical tests with Pellotine muriate (the new hypnotic introduced by Dr. Heffter, of the Pharmacological Institute of Leipzig, and manufactured by C. F. Boehringer & Soehne, of Mannheim) in the *Therapeutische Monatshefte*, June, 1896. He employed Pellotine muriate, preferring this salt on account of its ready solubility in water; his experience covers 40 cases at the Charite Hospital, of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of ⅓ grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after 3-5 to 9-10 grain doses — causing several hours' sleep within ½ to 1 hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anæsthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients, the above mentioned doses were insufficient; even 2 grain (0.12) doses did not produce sleep, but had a calming effect — lasting all day — on the patient.

In 20 cases the drug was administered at night as hypnotic, and ¾ to 1 1-5 grain (0.15 — 0.08) doses were found to equal in effect 15 grains of trional or 22 to 30 grains of chloral. Of side-effects, excepting the inconsiderable slowing of pulse-rate, a few patients exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning. In several cases the hypnotic effect was not produced, but in these other hypnotics had also proved ineffectual. In no instance were serious side-effects noted.

The author then quotes six typical cases from his records, in which 4, 1 and 5 hours sleep were induced in three cases; one slept through the night for three consecutive nights; one slept peacefully through the night while otherwise her rest had been frequently broken; and one slept fairly well — although there occurred two periods of wakefulness.

Prof. Jolly's report is generally favorable, and he concludes that he will continue the use of this new agent and will render additional report after more extended trials.—*American Therapist*, August, 1896.

Ferratin

Extract from page 153:

A Practical Treatise on Materia Medica and Therapeutics.

BY

Roberts Bartholow, M.A., M.D., LL.D.

Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College, of Philadelphia; etc., etc.

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